

PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor
SHELLA Y. OLIVER

SHEILA Y, OLIVER Lt. Governor

Reviewer Number: __/

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 2

Applicant Name: ELO NT		
Application Control Number: <u>/9-0/59</u> App	plication Type	C, V, Ð):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	18
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	15
6.1.3: Methods to control insects that do not include the application of pesticides.		-
C d d	20	12
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	12.
6.1.5 : Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		-
	20	15

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20
6.2.4: Methods to prevent and test for contamination in extracted products.	20
6.2.5: Health and safety standards for lab employees.	20

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	
6.3.3: Patient education and counseling methods.	15	
6.3.4: Employee education procedures for patient-facing staff members.	15	
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	

By checking this box, I hereby certify that I, Reviewer ______, completed a full review of the assigned measures in this application and that these scores represent my work alone.



PO BOX 360 TRENTON, N.J. 08625-0360

www.nj.gov/health

Governor
SHEILA Y. OLIVER
Lt. Governor

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

scoring all the applications, scan the s hard copies to be collected by DOH.	coresheets and upload to	sharepoint. Retain
Reviewer Number: 2		
Applicant Name: SLONJ	·	
Application Control Number: (9-0)	59 Application Type	(C) V, D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	H
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	4
Criterion 2		<u> </u>
Measure 1: Background of principals, board members, and owners:	20	8
Criterion 3		
Measure 1, Financing plan:	20	14

Criterion 4.

Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	2
Total (add up all assigned scores)	100	46
		1 70

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

Governor
SHEILA Y. OLIVER
Lt. Governor

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2</u>

Applicant Name: ELO NJ LL	C		
Application Control Number: 19-0159	Application Type	(C, V	/, D):
Measure/Criterion	<u>Total Possible</u> <u>Points</u>		Assigned Score
Criterion 7		٠,	• • • • • • • • • • • • • • • • • • •
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30	1
☐ By checking this box, I hereby certify review of the assigned measures in this represent my work alone.	that I, Reviewer <u>3</u> application and that t		pleted a full scores



PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3</u>

Reviewer Number:			
Applicant Name: ELO NJ	2	•	
Application Control Number: 19-0159	Application Type C,	V, D):	
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan		F 7	
pian	20	,	
By checking this box, I hereby certify that I, Reviewer, completed a full review of the assigned measures in this application and that these scores represent my work alone.			



PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain

hard copies to be collected by DOH.		•
Reviewer Number: 5		
Applicant Name: Emerald Lea	f Organics -	ELO NJ, LLC
Application Control Number: 19-01		
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	6
Measure 2. Environmental impact plan	10	4
Measure 3. Quality control and quality assurance plan	10	Ce

Criterion 2

Measure 1: Background of	20	
principals, board members, and		10
owners:		10

Criterion 3

Measure 1, Financing plan:	20	19

Criterion 4.

Measure 1, Ties to the local community:	20	19
Criterion 5.		•
Measure 1, Research contributions:	10	8
Total (add up all assigned scores)	100	82

By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.



State of New Jersey

PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA

Acting Commissioner

18

Alternative Treatment Center Reviewer Scoresheet - Team 1

scoring all the applications, scan the shard copies to be collected by DOH.	scoresheets and upload to	sharepoint. Retain
Reviewer Number: $$		•
Applicant Name: ELO NJ LL	C	
Application Control Number: \9-015	59 Application Type	(C, V, D):
Measure/Criterion	Total Possible Points	\mathcal{C}
Criterion 1		
Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10 ·	7
Measure 3. Quality control and quality assurance plan	. 10	6
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	17
Criterion 3		
Measure 1, Financing plan:	20	10

Criterion 4.

Measure 1, Ties to the local community:	20	17
Criterion 5.		
Measure 1, Research contributions:	10	3
Total (add up all assigned scores)	100	76

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain

hard copies to be collected by DOH.			
Reviewer Number: 7	•	·	
Applicant Name: ELO NJ L	LC	• .	
Application Control Number:	ol Number: Application Type (C) V, D):		
Measure/Criterion 19-1/159	Total Possible Points	Assigned Score	
Criterion 7	,		
Measure 1: Labor Peace Agreement			
	30	30	
Measure 2: Labor Compliance Plan			
	20	0	
By checking this box, I hereby certify that I, Reviewer, completed a full review of the assigned measures in this application and that these scores represent my work alone.			

Cissets Kabor Compliance in agreement to Operating Egreement which could not be located



PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY
Governor

SHEILA Y, OLIVER Lt. Governor

www.nj.gov/health

Judith M. Persichilli, RN, BSN, MA Acting Commissioner

Assigned

Score

Alternative Treatment Center Reviewer Scoresheet - Team 2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number:	
Applicant Name:	10 NZ

Measure/Criterion

Application Control Number: 19-0159

Application Type (C, V, D):

<u>Total</u> Possible

<u>Points</u>

100	
20	20
20	19
20	18
20	19
20	19
	20 20 20 20

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20
6.2.2: Experience/education in biochemisty,	20
laboratory science, engineering and cannabinoid extraction methods.	
	20
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20
6.2.4: Methods to prevent and test for	20
contamination in extracted products.	20
6.2.5: Health and safety standards for lab	
employees.	20

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.		
C 2 Or Francisco - I de la companya	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	
6.3.3: Patient education and counseling methods.		
Tibio, attorn oddoanon and counseling methods.		
	15	
6.3.4: Employee education procedures for patient-facing staff members.		
	15	
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
•	15	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		110000000000000000000000000000000000000
	15	

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

Judith M. Persichilli, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 2</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: # 9

Applicant Name: ELO NJ LLC

Application Control Number: 19-0159 Application Type (C, V, D):

Measure/CriterionTotal
Possible
PointsAssigned
Score

Criterion 6

Measure 1: Cultivation plan

medadie I. Oditivation plan		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	15
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	18
	20	10
6.1.3: Methods to control insects that do not include the application of pesticides.		
	20	14
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	14
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	la l

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20
6.2.4: Methods to prevent and test for contamination in extracted products.	20
6.2.5: Health and safety standards for lab employees.	20

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	
6.3.3: Patient education and counseling methods.	15	
6.3.4: Employee education procedures for patient-facing staff members.	15	•
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	45	
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	
	15	

By checking this box, I hereby certify that I, Reviewer $\frac{C}{C}$, completed a full review of the assigned measures in this application and that these scores represent my work alone.